



22651 U.S. PTO

PATENT APPLICATION TRANSMITTAL LETTER

Docket Number: 1185

17510 U.S. PTO
10/808770



To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing under U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of

Inventor(s): Neault et al.

entitled: "Method Of Dispensing Vermin And Insect Poison"

Enclosed are:

- ☒ 14 pages of written description, claims and abstract.
- ☒ 10 sheets of drawings.
- ☐ an assignment of the invention to _____
- ☒ declaration of the inventors.
- ☐ a certified copy of a _____ application.
- ☐ associate power of attorney.
- ☐ a verified statement by inventors to establish small entity status under 37 CFR 1.9 and 1.27.
- ☐ information disclosure statement.
- ☐ preliminary amendment.
- ☐ verified statements by non-inventors per 37 CFR 1.27(b).

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
FEE.....				\$ 770 \$770
TOTAL CLAIMS.....	20 - 20	0	x \$18	0
INDEPENDENT CLAIMS.....	3 - 3	0	x \$86	0
MULTIPLE DEPENDENT CLAIM PRESENT.....			\$290	0
* Number Extra is Zero or Larger			TOTAL.....	\$770

If applicant has small entity status under 37 CFR 1.9 and 1.27,
then divide total fee by 2, and enter amount here

SMALL ENTITY TOTAL \$385

- ☒ A check in the amount of \$ 385 to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. I have enclosed a duplicate copy of this sheet.
- ☐ Charge the amount of \$ _____ as filing fee
- ☐ Credit any overpayment.
- ☐ Charge any additional filing fees required under 37 CFR 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

3/25/04

Date


Signature

Donald J. Ersler, Reg. #38,753
725 Garvens Avenue
Brookfield, Wisconsin 53005
Telephone Number: (262) 785-0160

STATE OF WISCONSIN
Department of Health—Bureau of Vital Statistics

PLACE OF BIRTH
County of Marathon
or
Township of Bergan
or
Village of _____
or
City of _____

COPY OF BIRTH RECORD
Page No. 1754
(To be filled out by the Register of Deeds)
St. _____ Ward _____

FULL NAME OF CHILD Robert Vernon Beault

Stillborn Yes or No. <u>No</u>	Was child deformed or physically defective? Yes or No. <u>No</u>	Nature of defect _____
Sex of Child <u>M</u>	Color or Race of Child <u>W</u>	Legitimate? <u>Yes</u>
DATE OF BIRTH Month <u>10</u> Day <u>17</u> Year <u>1920</u>	Number in order of birth <u>3</u>	Date of birth (Month) (Day) (Year)
FATHER FULL NAME <u>David Beault</u>	MOTHER FULL NAME <u>Mabel Archie</u>	
RESIDENCE <u>Marion P. 1</u>	RESIDENCE <u>Marion P. 1</u>	
COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Wis</u> (State or Country)	BIRTHPLACE <u>Wis</u> (State or Country)	
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	
Number of child of this mother? <u>3</u>	1. What prenatal or for ophthalmia neonatorum did you use? <u>None</u>	2. If none, why? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, and that it occurred on 10-17-20 at 10:22 A.M., on the date above stated.
(Signature) J. A. Jackson
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Physician or Midwife)
Given name added from a supplemental report Sept 23 1920
Address Marion P. 1
Filed Jan 6 1921 Local Registrar. Wm. J. Smith
Vital Registrar.

STATE OF WISCONSIN,
Marathon County

CERTIFICATE OF COPY OF RECORD

I, the undersigned, Register of Deeds in and for said County, do hereby certify that this is a true and correct copy of original Certificate of Birth as recorded in my office on Page 1754 of Volume 40
Witness my hand and seal this 12th day of August 19 76
Robert J. Kmetzky
REGISTER OF DEEDS
DEPUTY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
)
Neault et al.) Group Art Unit: Unknown
)
Serial No.: Unknown)
) Examiner: Unknown
)
Filed: Herewith)
)
For: Method Of Dispensing Vermin And Insect Poison)
)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

EXPRESS MAIL

The below items are enclosed with this letter for filing on/in the above-identified patent application:

1. Transmittal Letter, (1) page.
2. Application, including Specification, (20) Claims and Abstract.
3. One photocopy of (10) sheet(s) of informal Drawings.
4. Combined Declaration/Power of Attorney.
5. Check in the amount of \$ 385 for Filing Fee.
6. Petition To Make Special Because of Applicant's Age, (1) page
7. A copy of applicant's birth certificate
8. Statement In Support Of Petition To Make Special Because of Applicant's Age, (1) page

The serial number of the Express Mail certificate is ER095603539US,
mailed on 3/25/04.

I hereby certify that the above referenced papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Donald J. Ersler, Reg. No. 38,753

(NAME)



(SIGNATURE)